

Application Data Sheet

Application Information

Application number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	3763
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	Apparatus, Methods And Kits For Simultaneous Delivery Of A Substance To Multiple Breast Milk Ducts
Attorney Docket Number::	005284.00196
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity?::	NO
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	

Secrecy Order in Parent Appl.?: NO

Applicant Information

Applicant Authority Type: Inventor
Primary Citizenship Country: US
Status: Full Capacity
Given Name: David

Middle Name:
Family Name: Hung

Name Suffix:
City of Residence: Belmont
State or Province of Residence: California

Country of Residence:
Street of mailing address: 2634 Belmont Canyon Road

City of mailing address: Belmont
State or Province of mailing address: California
Country of mailing address: US
Postal or Zip Code of mailing address: 94002

Applicant Authority Type: Inventor
Primary Citizenship Country: US
Status: Full Capacity
Given Name: Xuanmin

Middle Name:
Family Name: HE

Name Suffix:
City of Residence: Palo Alto
State or Province of Residence: California

Country of Residence: US
Street of mailing address: 670 San Antonio Rd. #13

City of mailing address:: Palo Alto
State or Province of mailing address:: California
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94306

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 22907

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	10/072,911	02/12/02
10/072,911	Division of	09/506,477	02/29/00
09/506,477	Non-Provisional of	60/122,076	03/01/99
09/506,477	Non-Provisional of	60/134,613	05/18/99
09/506,477	Non-Provisional of	60/143,359	07/12/99
09/506,477	Non-Provisional of	60/143,476	07/12/99
09/506,477	Non-Provisional of	60/170,997	12/14/99
09/506,477	Non-Provisional of	09/473,510	12/28/99

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name: Cytoc Health Corporation
Street of mailing address: 85 Swanson Road
City of mailing address: Boxborough
State or Province of mailing address: Massachusetts
Country of mailing address: United States
Postal or Zip Code of mailing address: 01719